

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

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MONTHLY FINANCIAL REPORTING FORM

Submitted on 7/21/2003 5:46:03 PM

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1.	FOR THE MONTH ENDING:	May 31, 2003
2.	Name:	Liberty Dental Plan of California Inc.
3.	File Number:(Enter last three digits) 933-0	052
4.	Date Incorporated or Organized:	March 8, 1976
5.	Date Licensed as a HCSP:	August 3, 1978
6.	Date Federally Qualified as a HCSP:	
7.	Date Commenced Operation:	3/8/1976
8.	Mailing Address:	3636 Birch Street, Suite 250 Newport Beach, CA 92660
9.	Address of Main Administrative Office:	3636 Birch Street, Suite 250 Newport Beach, CA 92660
10.	Telephone Number:	949-223-0007
11.	HCSP's ID Number:	95-3031770
12.	Principal Location of Books and Records:	3636 Birch Street, Suite 250 Newport Beach, CA 92660
13.	Plan Contact Person and Phone Number:	Richard Herrera 949-223-0007 ext. 204
14.	Financial Reporting Contact Person and Phone Number:	Ronly Ferguson 949-223-0007 ext. 207
15.	President:*	Amir Neshat DDS
16.	Secretary:*	
17.	Chief Financial Officer:*	Mike Ghaffari
18.	Other Officers:*	Hugh Hazelwood
19.		
20.		
21.		
22.	Directors:*	Amir Neshat DDS
23.		Hugh Hazelwood
24.		Mike Bassiri
25.		
26.		
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32. President	Amir Neshat DDS signature required (please type for valid signature)
33. Secretary	signature required (please type for valid signature)
34. Chief Financial Officer	signature required (please type for valid signature)
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. If this is a revised filing, check here:	<input checked="" type="checkbox"/>
36. If all dollar amounts are reported in thousands (000), check here	<input type="checkbox"/>

Check My Work.